·-<u>--</u>- .

28 JUN 2005 Attorney's Docket No.: 10851-008US1

Client's Ref. No.: 10/507336

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled OPTICAL IMAGING AND OXIMETRY OF TISSUE, the specification of which:

[] is attached hereto. [] was filed on <u>Septemb</u>	er 10, 2004 as Application Scrial!	No and was amended on	
	imed in PCT International Applicated and PCT Article 19 on	tion Na. <u>PCC/US03/07766</u> filed on	
I hereby state that I have rev neluding the claims, as amended by		s of the above-identified specification,	
I acknowledge the duty to d Fitle 37, Code of Federal Regulation		e material to patentability in accordance with	
I hereby claim the benefit un application(s) listed below:	nder Title 35, United States Code,	§119(e)(1) of any United States provisional	
U.S. Seriul No.	Filing Date	Status	
60/364,239	March 13, 2002	Expired	
I hereby appoint the followi ousiness in the Patent and Trademark		ecute this application and to transact all	
Peter Fasse, Reg. No. 32,983	Mark Belle	Mark Bellermann, Reg. No.: 47,419	

Direct all telephone calls to J. PETER FASSE at telephone number (617) 542-5070.

Direct all correspondence to the following:

26161 PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

BEST AVAILABLE COPY

Attorney's Docket No.: 10851-008US1

· Client's Ref. No.:

Combined Declaration and Power of Attorney Page 2 of 2 Pages

Full Name of Inventor:

SERGIO FANZANI, PH.D.

Inventor's Signature:

Residence Address:

BOSTOR, MA 02111 & WINCHESTER, MA 01890

Citizenship:

Post Office Address:

136 Harrison Avenue Boston, MA 02111

20941674.doc